Please type a plus sign (+) inside this box \longrightarrow +

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control number. **Attorney Docket Number** TSRI 651.1 **DECLARATION FOR UTILITY OR** Cheresh First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION **Application Number** (37 CFR 1.63) 28 MAY 1999 Filing Date □ Declaration Declaration Submitted after Initial **Group Art Unit** OR Submitted Filing (surcharge with Initial (37 ČFR 1.16 (e)) **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Methods and Compositions Useful for Modulation of Angiogenesis Using Tyrosine Kinase Src								
the specification of which								
is attached hereto	•							
OR was filed on (MM/DI	- Control of the second of the							
•	/US99/11780 and wa		m [(if applicable).			
1 baseling state that I have re	viewed and understand the	contents of the above identi	fied specification	n, including the cl	aims, as			
amended by any amendme	nt specifically referred to abo	ove.						
I acknowledge the duty to d	isclose information which is	material to patentability as o	defined in 37 Cr	H 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	Country	Foreign Filing Date Priority Certified Copy Attache Country (MM/DD/YYYY) Not Claimed YES NO						
Number(s)	- Country	(11111111111111111111111111111111111111		П				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number	(s) Filing Dat	Filing Date (MM/DD/YYYY)						
60/087,220 05/29/1998 Additional provisional applic numbers are listed on a								
supplemental priority data sheet								
		PTO/SB/02B attached hereto.						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

a valid OMB control number.

DECLARATION — Utility or Design Patent Application

DEC	LAR	<u> ATION —</u>	Utility C	or Des	sign	Pater	I AL	PII	Cation		
I hereby claim t United States of United States of information whi	he benefit un if America, I if PCT Intern ch is materi	nder 35 U.S.C. 120 of isted below and, inso ational application in to patentability as dernational filing date of	any United States of ar as the subject of the manner provided the fined in 37 CFR 1 this application.	application(s matter of ead to by the first .56 which be), or 365(th of the paragrap ecame av	c) of any PCT i claims of this h of 35 U.S.C. vailable betwee	nternation application 112, I ack n the filing	al appli n is not nowledg g date o	cation designa disclosed in t ge the duty to of the prior ap	ating the the prior disclose plication	
and the natione	information which is material to paternability as definition and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent				ent Fil	ing Date	Pa	arent i	Patent Nur applicable	nber	
		Number			MM/DD	/YYYY)		(//	иррподоло		
								75 JOSE	attached here	eto	
☐ Additional	U.S. or PCT	International applicated by appoint the following	ion numbers are lis	ted on a sup	plementa	this application	and to tra	insact a	Il business in	the Patent	
As a named inv and Trademark	entor, I here Office conn	ected therewith.	ng registered practi Customer Number OR Registered practition	L				^	Place Custom Number Bar Co Label here	ode	
		<u>_</u>	Registrati	on	registrat	Name			Registr Num		
	Name		Number 30,203	<u> </u>	Mich	ael A. H	ierl		29,807		
Arne M. Dolores		ıne∀	31,269		Talivaldis Cepuritis 20,818 Daniel J. Deneufbourg 33,675					 ∤	
Seymour	Rothst	ein	19,369		1						
Additiona	registered t	practitioner(s) named o	on supplemental Re	gistered Pra	ctitioner	nformation she	et PTO/Si	3/02C a	ttached hereto	· ·	
Direct all co	•	ce to: Custor	ner Number Code Label			OR	▼ Corr	respon	dence addre	ess below	
Name	TALI	VALDIS CEPUR	RITIS								
Address		N & HIERL, I									
Address	20 N	ORTH WACKER	DRIVE, 36	TH FLOO	<u>R</u>		T				
City	CHIC	AGO			State	_IL	ZIP -	606) 580-1	180	
	us		Telephone	(312)	580-	1180	Fax L	`			
believed to	oe true; and	statements made he further that these sta prisonment, or both, issued thereon.	rein of my own kno atements were mad under 18 U.S.C. 1	owledge are de with the 001 and tha	true and knowledg t such w	that all statem e that willful fa fillful false state	nents mad lise staten ements m	nents a ay jeop	and the like so ardize the va	made are	
		irst Inventor:] A peti	tion has been	filed for	this ur	nsigned inve	ntor	
		ne (first and middle	(if any))			Fami	ly Name	or Sur	name :		
						Cheresh					
Inventor's Signature		Del a	10.						Date	6/22/9	
Residence		Encinitas	State	CA	/ Count	y US			Citizenship	US	
Post Offic		327 Via And	lalusia								
Post Offic	e Address						1		Ι		
City		Encinita 🏻	te CA	ZIP		2024		ntry	US		
₩ Addition	nal invent	ors are being name	d on the 1 sur	ppiemental	Addition	nal Inventor(s) sheet(s) PTO	/SB/02A atta	ched here	

1-00



Please type a plus sign (+) inside this box ->

valid OMB control number.

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

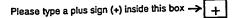
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1__ of _1_

יום	CLANATION	_				rage 1		<u></u>		
	Lister Inventor if any			A petit	ion ha	as been filed fo	r this u	nsigned ir	nventor	
Name of Additional Joint Inventor, if any:				Family Name or Sumame						
Given Nam	ne (first and middle [if any])									
2-00	Brian			<u>E</u>	Lice	iri	10	laalaa		
Inventor's	Bri			Lh			Y	13:2/17	ļ <u> </u>	
Signature Residence: City	Carlsbad	State	CA	Count	ry	US	Ci	tizenship	บร	
Post Office Address	3104 Hataca Road									
Post Office Address				- -	T .			US		
City	Carlsbad	State	CA	ZIP		00-	ountry			
Name of Additio	nal Joint Inventor, if any	r: \	_	☐ A pe	tition	has been filed			inven	.or
	ame (first and middle [if any])					Family Name	or Su	mame	<u> </u>	
00	Pamela L.				Schv	vartzberg	=	- 0	<u>a</u>	
Inventor's Signature	Pamela	يخ	جي:	Shi	2	the		9-6-9 Date	-	
Residence: City	Bethesda	State	MD	Cou	ntry	Jus 🗸		Citizens	hip	US
Post Office Address	5521 Spruce Tree	Ave	nue							
Post Office Addres	s					00016		us		
City	Bethesda	Stat	_e MD		ZIP	20814	Coun	try		
	ional Joint Inventor, if ar	ıy:		□ A :	petitio	n has been file			ed inve	entor
	Name (first and middle [if any					Family Na	ne or S	Sumame		
Given	Vallio (illet talle							•		
Inventor's	T			1				Dat	te	
Signature		1	$\overline{}$							
Residence: City		Stat	te	Co	ountry			Citizer	rsmp	
Post Office Addre	959									
Post Office Addr	ess	Τ					\top	Country		
City		State	e _		ZIP	vary depending		-	the led	ividual car

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





valid OMB control number

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER **INFORMATION** (Supplemental Sheet)

		(Supplemental Sheet)				
Name	Registration Number	Name	Registration Number			
Steven D. Weseman Timothy L. Harney Mark Chao Joseph M. Kuo	41,372 38,174 37,293 38,943					
James C. Haight David R. Sadowski Robert Benson Jack Spiegel Susan S. Rucker Steven M. Ferguson Stephen L. Finley John Peter Kim	25,588 32,808 33,612 34,477 35,762 38,448 36,357 38,514	·				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

